Sacramento, California Prease print or type. (Form designed for use on elite (12-pitch) typewriter.) Manifest 2. Page 1 Information in the shaded areas Generator's US EPA ID No. **UNIFORM HAZARDOUS** Document No is not required by Federal **WASTE MANIFEST** 3. Generator's Name and Mailing Address A.State Manifest Document Number 84924209 Dougles Aircraft Company 190th & Normandie Ave. Torrance, CA. 90502 B.State Generator's ID Generator's Phone (213) 533-6677 6. **US EPA ID Number** C.State Transporter's ID 🖊 🞉 🖟 Transporter 1 Company Name D.Transporter's Phone J.C.Liquid Waste Disposal 0580183 7. Transporter 2 Company Name US EPA ID Number E.State Transporter's ID F.Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G.State Facility's ID Triple J H.Facility's Phone 3650 E. 26th St 2.Containers Vernon, CA 13. 14. 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Unit Total Quantity Waste No. No. Wt/Vo Hazardous waste liquid NOS ORM-E NA9189 001 TT 05000 G 221 T 694.7% b. 0 c. d. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above Alkaline Soap Grease 2% 011 3% Water 90% 15. Special Handling Instructions and Additional Information Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. If rejected at Triple J, deliver to 2nd alternate TSDF CASMALIA P.O. Box E NTU Road Casmalia, CA CAD020748125 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Signaturé Month Day Year Donald C. Gerber 124186 17. Transporter 1 Acknowledgement of Receipt of Materials Date Month Day Year Printed/Typed Name WON STOOL Signature AKLOS 0/12418 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date Signature Month Day Year Printed/Typed Name NELINE(

84 89641

State of California—Health and Welfare Agency 2 -PP-11 5 # 31 AC - 21 721-606 Substances Control Division Sacramento, California

A	WASTE MANIFEST		inifest ment No.	, of	is not law.	required	e shaded areas d by Federal	
4.	Dougles Aircraft Company 190th & Nonmandie Ave. Torrance, CA. 90502 4. Generator's Phone (213) 533-6677				A.State Manifest Document Number 84924209 B.State Generator's ID			
5.	Transporter 1 Company Name 3.C.Liquid Waste Disposal Transporter 2 Company Name 8. US EPA ID Number US EPA ID Number				C.State Transporter's ID D.Transporter's Phone E.State Transporter's ID F.Transporter's Phone			
9.					isporter's Fil le Facility's II			
	3650 E. 26th St				H.Facility's Phone			
	I. US DOT Description (Including Proper Shipping Name, H	lazard Class, and ID Number)	f2.Cont. No.	ainers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	
3 — E a. N E }		NA9189	001	TT	05000	G	221	
b.								
c.								
d.								
1	Additional Descriptions for Materials Listed Above				dling Codes f			
15	Grease Oil 3% Water 90% Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. If rejected at Triple J, deliver to 2nd alternate TSDF CASMALIA P.O. Box E NTU Road Casmalia, CA CADO20748125							
1	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.							
 -	Printed/Typed Name Donald C. Gerber	Printed/Typed Name Onald C. Gerber Sb				Date Month Day		
R — A N S	17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature 18. Transporter 2 Acknowledgement of Receipt of Materials						Date Month Day Ye O. / 2-4 2 Date	
R T E R	Printed/Typed Name	Signature		4.146	-	Ā	Nonth Day Y	
	9. Discrepancy Indication Space							
	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
\21 _	Facility Owner or Operator: Certification of receipt of h Item 19.	nazardous materials covered b	y this ma	anifest	except as note	ed in F	Date	
72 T Y	Facility Owner or Operator: Certification of receipt of h Item 19. Printed/Typed Name	nazardous materials covered b	y this ma	anifest	except as note		Date Month Day Yo	